

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590028

FILING DATE

28 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		<i>12</i>	/			
16		<i>12</i>				
17	/		/			
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		<i>11</i>		/		
24		<i>11</i>		/		
25		<i>11</i>		/		
26		<i>11</i>		/		
27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		/		/		
32		<i>12</i>		/		
33						
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49						
50						
TOTAL IND.	<i>2</i>	↓	<i>3</i>	↓		↓
TOTAL DEP.	<i>30</i>	←	<i>28</i>	←		←
TOTAL CLAIMS	<i>32</i>		<i>31</i>			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						